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Navy & Marine Corps Medical News
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This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged. Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Corpsmen (HM) and Dental Technician (DT) designators are identified in front of their names.

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Headline: Surgical response team assists earthquake victims
By JO1 Ray Boone, Navy Mediterranean News Service

NAPLES, Italy -- Two days after the August 17 earthquake that killed more than 13,000 people in Turkey, a U.S. Navy medical team flew to Istanbul to help treat the thousands more who were injured.

The team, better known as the Surgical Response Team (SRT), comprises 22 medical personnel that includes doctors, nurses, an oral surgeon, a dental technician and corpsmen and communications specialists from Naval Hospital Naples, Italy. The SRT's main mission is to provide short-term emergency surgery to patients on a battlefield or after a natural disaster.

"There was a defined need for a team that could be

mobilized quickly and be on the scene to provide emergent surgical capabilities until further assets could be diverted into the area," said Lt. Cmdr. Thomas Goaley, MC, officer in charge of the Surgical Response Team.

The SRT flew to Turkey aboard an Air Force C-141, arriving in Istanbul late on the 19th. The plane was met at the airport by trucks that, once loaded, moved the SRT and all its gear more than 70 kilometers to Izmit, Turkey, near the earthquake's epicenter.

After a few hours of sleep, everyone began setting up camp in the dusty parking lot of a soccer stadium. By noon on August 20, the triage and surgery tents were up and ready to receive patients.

"From the time we got the official written orders, we were onsite, on scene within 24 hours," said Goaley.

Each of the SRT's 22 members pulled together to get the camp operational and keep it running smoothly. The teamwork continued throughout the deployment. From setting up tents, to cleaning out restrooms and seeing patients, when the time came, everyone did his or her part to get the job done.

"Teamwork is very important in a situation like this. If your guys aren't together it can get real hostile out there because you're working long hours and the weather conditions are bad. It's a big strain on everybody," said HM3 Christopher Parker, a corpsman with the Surgical Response Team. "You need to pull together and be a team and that's very important."

The first patient showed up later that evening and after that, a steady stream of patients flowed through the camp until the SRT pulled out on August 25. Their first surgery for the deployment (and in the team's seven years of existence) happened the following day.

A Turkish man had sustained a crush injury to his left forearm during the earthquake. Swelling from the injury cut off all feeling and blood to and from the left hand. The swelling had to be relieved soon or the man's arm would begin to die.

"When our orthopedic surgeon and I saw him we concluded that there was a compartment syndrome going on in his left forearm. The surgery was done here onsite with our anesthetist providing a block to the arm to numb it and allow us to perform the surgery, opening up all of the compartments and relieving the pressure," said Goaley. "So far, we've been able to close two of the three fasciotomies. All motor and sensory function has returned to his arm and it will be normal once the wounds are closed. We saved his arm. It's always a wonderful feeling to make that impact on somebody's life."

Although the surgery was significant because it was the first one done in the field, it was also significant because it was performed in very hot weather and without electricity due to a broken generator.

"We had no electricity in the operating room and it was very warm in there," said Capt. Michael Strauss, MC, a

reservist who was doing his two week reserve time in Naples when the call came in to go to Turkey. “Once we got started, though, everything else was incidental and things went very smoothly.”

And even though this is the first time the Surgical Response Team has been deployed in an emergency situation, the team performed well, meeting all expectations.

“It’s helped us identify things we can do better, it’s helped us identify things that we planned for and maybe we don’t need quite as much. It’s helped give feedback to the whole system,” said Goaley. It’s not just Naval Hospital Naples that has a Surgical Response Team, it’s Naples, Rota, plus the Army and the Air Force that, as far as lessons learned in these types of situations, are going to benefit from that information and from this deployment.

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Headline: ‘Miracle Kid’ lightning victim recovering
By Rod Duren, Naval Hospital Pensacola

PENSACOLA, Fla. -- An Air Force officer struck by lightning August 14 on Bayou Grande near Naval Air Station Pensacola, and who was given very little chance for survival, has had his condition upgraded from critical to fair.

2nd Lt. Nolan Porter, a navigation student at the Aviation Training Squadron Four (VT-4) at NAS Pensacola, has been making conversation and even saluted an officer who came to visit him recently, according to persons familiar with his case. Around the hospital, the Air Force officer has earned the nickname, "Miracle Kid."

Porter was recently moved out of the Intensive Care Unit, at the University of South Alabama Medical Center in Mobile, a hospital spokesperson said August 30.

Porter had been windsurfing on the bayou with his brothers when a sudden and violent thunderstorm rushed across the coastline. After he was struck, a medical miracle happened for the young Air Force officer.

Four Navy doctors happened to be at a nearby marina at the time Porter and his brothers were windsurfing. The doctors, Lt. Cmdr. Pat McMahon, MC, a flight surgeon; Lt. Cmdr. Paul Mollere, a radiology resident; Lt. Cmdr. Joe Hodge, a clinical pathologist and retired Navy Capt. E.J. Sacks, former eye, nose and throat specialist in the Medical Corps, along with a member of the Blue Angels flight demonstration team were headed for shelter from the storm when they heard anxious voices calling for help.

As they guided their boat to where the commotion was taking place, rain and vicious lightning continued all around them.

McMahon and Mollere dove into the rough waters to retrieve the windsurfer, lifting him into the ski boat. McMahon began cardiopulmonary resuscitation as their boat raced back to the marina and cover.

"I was pretty scared because there was still a great deal

of lightning all around us," McMahon said.
A Naval Hospital ambulance arrived, and Emergency Medical Technicians, Hospital Corpsmen Third Class Jacob Seaton and Jason King arrived on scene to discover the area at least a foot deep in rainwater and lightning continuing to crash.
"It was scary," said Seaton, "because of all that (electrical) equipment we were carrying" which included an automated external defibrillator, portable suction and 'jump bag.'
Kings said that when they got on the scene, one of the guys working over the patient identified himself as a Navy doctor, "and from then on I was attached at the hip to Dr. McMahon."
The pads for the automated external defibrillator would not stick to the patient because of all the conditions, said Seaton. "Everybody and everything was soaking wet even though we were under cover."
"One of the corpsmen (Seaton) recognized that we weren't going to get this thing done," said McMahon, "and had already gone back to the ambulance and brought back the manual defibrillator. They were outstanding. They know their equipment thoroughly, did not hesitate and did not panic."
McMahon prepared to shock the wind surfer. "I stopped, and dried myself off first," he said. "We had gotten (the victim) up on a backboard and out of the water on the floor. I was hoping that I wasn't going to get shocked, too."
Escambia County EMS arrived and started an IV. McMahon and King gave the Air Force officer cardiac medications to help restart the heart "as prescribed by ACLS protocol," said the flight surgeon. "We needed to stabilize him for transport" to Naval Hospital Pensacola's Emergency Room, the nearest medical facility, he said.
"I don't think any of us really thought he had a chance for survival" when he left in an ambulance for the hospital, said Dr. Hodge. "But it's certainly miraculous," he said on learning of the Air Force officer's upgraded condition.

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Headline: Kosovo Conflict Bolsters Medical Force Protection
By Douglas J. Gillert, American Forces Press Service

WASHINGTON -- The Defense Department's top doc met with the top commander in Europe and came away believing medical force protection has entered a new era.
Meeting with Gen. Wesley Clark, Supreme Allied Commander Europe, Aug. 11 in Brussels, Dr. Sue Bailey discussed with him the role of the Military Health System in keeping troops healthy during the Kosovo conflict and what that means for future deployments. They discussed the need to deploy medics alongside combat elements from the beginning, where they can survey the environment and ensure such things as contaminated water and insect-borne diseases don't take troops out of action.
"We did that in Kosovo, because General Clark allowed our

medics to hit the ground with the initial deployments," said Bailey, Assistant Secretary of Defense for Health Affairs. "We deployed preventive medicine experts to do air and water samples and ward off any possible ill health effects."

Bailey said Clark's willingness to include medical care in the earliest planning and execution stages of the Kosovo air campaign brought force health protection to a new level of effectiveness.

"[Clark] had such concern for the health and safety of his troops, he provided a logistical capability beyond that of previous deployments," she said.

"At one point, General Clark said to me, 'Before we get to disease season, I'd like us to be ahead of things medically,'" Bailey said. "That was an astute comment. It's a line commander's view of everything from medical surveillance to quality preventive medicine and health promotion. Those are the terms we use, but what he's saying is, 'Before we get overridden with disease or health problems, I want us to have things under control. I'm counting on the military medical system to provide that.'"

Bailey said she discussed with Clark how the lessons learned from both the Gulf War and Bosnia were applied in Kosovo, and the need of field commanders to help enforce health care policies such as the use of insecticides and pesticides by deployed troops. Followed correctly, these policies could help prevent tick borne encephalitis prevalent in the area, she said. Every conflict produces new lessons, she said, even when they occur within the same geographical area, as did the Bosnia and Kosovo operations in the Balkans.

"I told General Clark that we tried to stage and resource our medics for Kosovo according to our experiences in Bosnia," Bailey said. "But you always need to expect the unexpected, and in fact, that is what occurred."

Deployed Army and Air Force medics discovered they'd have to deal with far more trauma cases in Kosovo than they did in Bosnia, particularly in the aftermath of the air campaign.

"Doctrine that sizes the medical force does not take into account our increasing role in dealing with civilian casualties," she said. "There is a much higher rate – sometimes eight to 10 times higher -- of trauma cases we are seeing as a result of the violence between Serbs and Albanians."

Defense health policy developed from previous operations allows military medics to provide care to civilian casualties when it involves life, limb and eyesight. DoD medics in Kosovo are working extended hours because of the increased number of civilian casualty cases, Bailey told Clark.

"Our medics are being pulled into a variety of trauma surgery and trauma care situations at a high level, given our policy, which says it has to be high level or we wouldn't be doing it," Bailey said. "Therefore, they're

engaged in casualty care above and beyond what we expected in Kosovo.

"The lack of civilian health infrastructure in Kosovo will require that that policy remain in place and that we are actively engaged under that policy," Bailey said. She said the continued DoD medical presence there is helping the country sustain the damage, but the rebuilding of its internal capability to provide care for its own citizens is the real answer.

Bailey said the deployment format she worked out with General Clark for medical support of military operations should carry over to future operations, as well. But she said it's important for field commanders to take the time to learn lessons and plan accordingly.

"It's a lot to ask commanders who are in the middle of a potential war-fighting situation or a major conflict to think about possible health effects in the future," she said. "But I think, because we're all so familiar with the very safe ground war we engaged in in the Gulf, and the very negative effect on confidence in military health care following that war, all of us are looking to apply better force health protection.

"General Clark is astute about the need for force health protection and how it's accomplished. I think we've established a relationship that will carry us into a healthier future for service men and women."

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Headline: ISO 9000 catalyst for quality in Navy Medicine

By Earl W. Hicks, Bureau of Medicine and Surgery

WASHINGTON -- Naval Medical Logistics Command at Fort Dietrick, Md., recently announced that the command was being recommended for certification of its ISO 9000 quality process. And if a person is not knowledgeable about quality management and quality improvement, that announcement is seemingly unimportant, unless one considers the importance of quality care when visiting the sick bay or being cared for at a Naval medical facility.

The International Standards Organization, or better known as ISO, is concerned with quality processes and how organizations do things. And although Naval Medical Logistics Command is the first Navy medical activity to be recommended for ISO 9000 certification, it is the coming standard for all of Navy Medicine. The 20 steps of the ISO 9000 standard will be the way Navy Medicine controls its processes for quality care.

This continuous quality improvement concept puts Navy Medicine on the cutting edge of quality management as ISO 9000 spreads through the health care industry. The system is designed to provide continuous quality improvement by consistent monitoring and controls applied to the health care process.

Therefore, when Sailors or Marines or other beneficiaries use the Navy’s medical services in the future, ISO 9000 is

the quality standard Navy Medicine will apply to ensure that their treatment will use consistent, defined quality processes.

As part of its contribution to personnel readiness, Navy Medicine ensures that its own personnel and facilities provide quality service as proven by medical professionals outside the Navy medical organization.

The Navy medical team voluntarily participates in The Joint Commission on Accreditation of Healthcare Organizations, or JCAHO, to judge how well Navy medical facilities are prepared to complete their missions. In the future, when facilities prepare for JCAHO inspections, advance use of ISO 9000 processes by Navy medical treatment facilities will ensure that quality management is used to guide their year in and year out processes for providing medical care.

It is appropriate that members of the ISO 9000 team at Naval Medical Logistics Command receive a Bravo Zulu for reinforcing the quality links of Navy Medicine. Upon ISO 9000 certification of the Naval Medical Logistics Command, its customers will know their requests are processed using the best quality management tool available. And it will all translate to the Fleet and Fleet Marine Forces, their families and retirees who will be the future benefactors of Navy Medicine’s continuing dynamic quality programs.

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Headline: Pharmacy service redesign pilot project
From TRICARE Management Activity

WASHINGTON -- The DoD is implementing a Pharmacy Benefit Pilot Program for DoD beneficiaries over the age of 65. This will take place at two locations, Fleming, Ky., and Okeechobee, Fla., that were selected randomly after meeting congressionally mandated selection criteria.

An eligible beneficiary is described as a member or former member of the Uniformed Services, a dependent of the member or former member of the Uniformed Services, or a dependent of a member of the Uniformed Services who died while on active duty for a period of more than 30 days, who meets the following requirements:

- is 65 years of age or older
- is entitled to hospital insurance benefits under Medicare Part A
- is enrolled in the supplemental medical insurance program under Medicare Part B
- resides in a pilot area.

The benefit for these eligibles will be equivalent to the TRICARE Extra pharmacy benefit with a $250 enrollment fee plus the applicable co-payments. The co-payments are 20 percent for up to a 30 days supply of medication from a TRICARE Retail Network Pharmacy or $8 for up to a 90 days supply of medication from the National Mail Order Pharmacy Program.

For questions concerning zip codes included in these areas, contact the TRICARE Management Activity at: QUESTIONS@TMA.OSD.MIL

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Headline: Great Lakes medical commands support Navy recruiting

By Lt. Youssef H. Aboul-Enein, Naval Hospital Great Lakes

GREAT LAKES, Ill. -- Towering above all other vessels at Chicago's Navy Pier, the USS CLARK (FFG 11) was tied alongside to participate in a week-long port call as part of the Navy's annual summer tour of the Great Lakes region.

The tour promotes the Navy and informs recent high school graduates of the Chicago and Milwaukee areas about a career in the United States Navy. The 4,100 ton, Perry-Class frigate was joined at the pier by corpsmen from Naval Hospital Great Lakes, Naval Hospital Corps School and Reserve Fleet Hospital NINE. Each of these commands set up displays in a tent assembled on the frigate's fantail.

The corpsmen conversed with some of the thousands who boarded the combat vessel, promoting the hospital corpsman rating and the career options and educational opportunities within Navy Medicine.

"Many of these recent high school graduates have come from as far as Indiana, Wisconsin and Ohio," said Hospital Corpsman Third Class Anita Moreno of Naval Hospital Great Lakes. "Some [of them] wish to pursue careers as nurses and doctors, but they do not know how to get started. The corpsmen discussed career options and college opportunities available in the Navy." Moreno said that many nurses and doctors started their careers as Navy corpsmen.

The Naval Hospital's displays focused on hospital corpsman enlisted classifications within the rating, such as operating room, respiratory, and dental technicians and Fleet Marine Force corpsman.

Naval Hospital Corps School displayed posters that showed the type of education a young man or women receives after selection for training as a corpsmen.

The U.S. Navy Sea Cadet Corps was also on hand to tour the ship and talk with the corpsmen. These young men and women are the potential new Sailors of the fleet and among them may be a future hospital corpsman.

"It was an honor to assist the Navy recruiting efforts of the Great Lakes region. Many Corpsmen volunteered their own time to be part of this important annual event," said Capt. Elaine Holmes, MC, commanding officer of Naval Hospital Great Lakes.

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Headline: Bremerton adds new wing to hospital

By Judith Robertson, Naval Hospital Bremerton

BREMERTON, Wash. -- Stating that "world-class health care deserves a world-class facility," Rear Adm. William J. Marshall, commander, Navy Region Northwest, assisted in turning

the first shovels full of dirt signaling the start of a three-story 55-thousand square foot wing to be built on the front of Naval Hospital Bremerton.

In addition to the ambulatory wing, construction will include a three-level parking garage connected to the hospital by underground pathways and elevators, and renovation to the existing 20-year-old hospital structure.

The new ambulatory clinical wing will provide "cradle to grave" quality health care, Capt. Gregg Parker, MC, commander, Naval Hospital Bremerton, said of the one-stop, out patient facility that will include a pharmacy, out patient records depository and Family Practice clinics.

The construction contract was awarded July 2 as a joint venture project to Harper Construction Co. from San Diego, Calif. and the Portland, Oregon firm, Nielson Dillingham Builders, for nearly $24 million. The architectural firm, NBBJ Co., of Seattle did the design for the new wing.

Parker pointed out the existing seven story hospital, which opened in 1980, was built for $20 million, and the new wing will cost more. "It's not bigger," he said of the $23.5 million, three-story structure, "It's just a different time in the millennium."

According to Lt. Robert Butters, head, Facilities Management Dept., the work will proceed in three phases. First the demolition of the existing Quarter Deck, then the construction of the new wing and parking garage and finally the renovation of portions of the existing hospital. Completion of the wing is scheduled for Sept. 2002, he said.

"We're talking quality care here today," Marshall said. "It is quality in the workplace environment and quality in care. Hang in there with us for 18 months and we'll have a great facility."

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Headline: Navy Physicians Awarded Prize for Contributions to Federal Medicine

By Lt. Jensin Sommer, USN, Bureau of Medicine and Surgery

WASHINGTON - Navy Medicine has once again been recognized for excellence in its quality of health care professionals. Three Navy physicians were recently named finalists for the 1999 Frank Brown Berry Prize in Federal Medicine.

Capt. Stephan L. Hoffman, MC, Capt. Richard L. Buck, MC, and Capt. Barbara Craig, MC, were featured along with seven other finalists in the August issue of U.S. Medicine, an independent monthly publication for health care professionals of the United States federal government. The Berry Prize, named after a former assistant secretary of defense, recognizes significant contributions to medicine that originated in the federal sector.

Hoffman, who is director of the Malaria Program at the Naval Medical Research Center in Bethesda, Md., was selected for his achievements in the field of malaria and other infectious disease research. His most notable recent accomplishment was the first successful human trial of a DNA

vaccine using malaria DNA. Hoffman and his staff reached a significant milestone in the fight against malaria, other deadly infectious diseases, as well as biological warfare threats and cancer by demonstrating that the use of a DNA-based vaccine is safe and effective in producing an immune response in humans.

Buck, who is commanding officer of Navy Environmental Health Center in Norfolk, Va., was recognized for his enhancement of Navy Medicine using the tools of epidemiology. He was pivotal in establishing a clinical epidemiology program within Navy Medicine. This program assists medical treatment facility leaders in applying population-based information to improve clinical and business practices. His notable achievements also include the applications of preventive medicine and health promotion in managed care.

Craig is director of the Armed Forces Center for Child Protection in Bethesda, Md., and was named a Berry Prize finalist because of her dedication and vision in the field of military child abuse and maltreatment. She shares the prize with Air Force Lt.Col. Kent Hymel, MC, her partner in creating the multi-service Armed Forces Center for Child Protection, which opened earlier this year at the National Naval Medical Center, Bethesda, Md.

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Headline: National Alcohol and Drug Addiction Recovery Month

By Carolyn Barrett-Ballinger, Bureau of Medicine and Surgery

WASHINGTON -- The Secretary of Health and Human Services has designated September as National Alcohol and Drug Addiction Recovery Month.

H. James Sears, M.D., executive director, TRICARE Management Activity said the main message is simple, straightforward, and vital -- treatment for alcohol and drug addiction is effective, and recovery is possible.

Substance abuse in the workplace costs the nation billions of dollars each year. Whether the workplace is the military installation of our active duty personnel or the civilian work setting, untreated substance abuse can result in lost productivity, low worker morale, accidents and injuries. The good news is that treatment can be effective in reducing work-related problems.

This year’s theme, “Addiction Treatment: Investing in People for Business Success,” is a strong vehicle for communicating the message throughout the Military Health System that treatment works and is available through both our direct care and managed care support system.

There is a full array of tools and information about treatment and recovery to help reach a variety of audiences on the following web sites: www.samhsa.gov/csat or www.health.org/recovery99.

Military Treatment Facilities are encouraged to share this material and work together with regional and local line

commanders to spread the message that treatment works. Feel free to “customize” the information from these web sites to make it appropriate for local situations.

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Headline: Anthrax questions and answers

Question: Can the anthrax vaccine cause me to “catch” anthrax by injecting anthrax cells into my body to build immunity?

Answer: No. The anthrax vaccine is a sterile cell-free vaccine made from killed and filtered bacteria. There are no whole bacteria in the product; therefore, it is impossible to contract the disease from the vaccine.

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Headline: TRICARE questions and answers

Question: What is the function of the Nurse Advisor?

Answer: Nurse advisors are available in most regions, by phone, to provide advice and assistance that will enhance patient decision making about their health care. They are available 24 hours a day, 7 days a week, and can discuss treatment alternatives, symptoms, and illness prevention or can advise whether a situation warrants immediate medical attention. Any TRICARE-eligible person can use the service of the nurse advisor.

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Headline: Healthwatch: Ringworm is common and easily treated

By Lt.Cmdr Chris Westbrook, MC, USNH Yokosuka

YOKOSUKA, Japan -- A common, easily spread, and treatable skin condition of children and adults alike is tinea, more commonly known as "ringworm." It is important to understand what ringworm is, how it is spread, and how it is treated.

Ringworm is not caused by a worm. It is a minor superficial skin infection caused by a fungus similar to the fungus that causes athlete's foot. It is considered a nuisance infection, and there are no long-term problems associated with it. Treatment is both easy and effective.

When someone has ringworm he or she usually has one or more scaly, circular patches on their skin. These patches are usually itchy. The fungus that causes ringworm is spread by close contact (hugging, wrestling) and by sharing personal items such as hats, combs, towels, etc.

Applying medicated lotion to affected areas treats ringworm. In cases that involve the scalp, an oral medication is used. Again, both treatments are very effective. Once treatment has begun, the chance of spreading ringworm is very small. To ensure the ringworm is gone, the treatment is usually continued for two weeks after the rash has disappeared.

If you feel that your child has ringworm, contact your Military Treatment Facility or Primary Care Manager to

arrange an appointment. There are some conditions that look like ringworm, and your doctor may determine that what you are seeing is not ringworm and may recommend a different treatment.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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